

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<p>Complete if Known</p>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/519,864-Conf. #9288		
		Filing Date	July 3, 2003		
		First Named Inventor	Graeme A. Jackson		
		Examiner Name	A. B. Waits		
		Art Unit	4112		
TOTAL AMOUNT OF PAYMENT		(\$)	50.00	Attorney Docket No.	65856-0068

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 18-0013
 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims <u>37</u> - 36 = <u>1</u> x <u>50</u> = <u>50</u>	Extra Claims <u>1</u> x <u>50</u> = <u>50</u>	Fee Paid (\$) <u>50</u>		Multiple Dependent Claims Fee (\$) Fee Paid (\$) _____ _____
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims <u>3</u> - 3 = _____ x _____ = _____	Extra Claims <u>3</u> x _____ = _____	Fee Paid (\$) _____		
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____ = _____		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	/Daniel J. Checkowsky/	Registration No. (Attorney/Agent)	51,549	Telephone	(248) 594-0611
Name (Print/Type)	Daniel J. Checkowsky			Date	April 18, 2008

Fee Transmittal

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: April 18, 2008

Signature: /Daniel J. Checkowsky/ (Daniel J. Checkowsky)